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A LECTURE ON HEMATEMESIS; OR VOMITING OF BLOOD.

By N. Chapman, M. D., *Professor of the Theory and Practice of Physic, in the University of Pennsylvania.*

[Reported for this Journal.]

For a long time it was supposed that the discharge here came uniformly from the stomach. But it being ascertained that similar extravasations do also take place from the intestines, the liver, and spleen, and are occasionally ejected by puking, the whole of these cases have been comprehended under the same head by Pinel, Good, and some other of the modern writers. Even thus extended in its meaning, the term is still a very bad one, expressive only of a symptom, and of that, imperfectly.

An attack of hematemesis sometimes comes on without any premonition, the ejection of blood being the very first occurrence. But, oftener, it is preceded by the ordinary signs of vomiting. Nor is it unusual for these phenomena to pre-exist, which belong to the condition vaguely denominated dyspepsia. Except, indeed, in the most acute seizures, we shall find anorexia, or the reverse, a voracious or an irregular appetite, oppression after eating, sometimes tenderness of the epigastrium, and furred tongue, in the centre and at the root, with florid edges and tip, and constipated bowels. Cases more inveterate, are marked, also, by cardialgia, flatulence, sour, fœtid eructations, palpitations of the heart, dry skin, pale, or sallow and doughy, depression of spirits, muscular weakness, and a feeble or small corded and accelerated pulse. Mostly, under all circumstances, the attack is anticipated by alternate chilliness and flushes, a sense of tension of the stomach, and by burning or pricking in it, with weight and anxiety about the præcordia, nausea and confusion of the senses, with a disposition to syncope, attended by coldness of surface, and a still weaker pulse, increased debility, and much jactitation.

Not a few of these latter symptoms, however, are referrible to oppression of the stomach from a mass of blood in it, collected previously to vomiting, and it may be remarked in confirmation of the conjecture, that on its being thrown up, the greatest relief is for a time afforded. But unless the hæmorrhage is checked, the same train of affections recurs, till finally, absolute exhaustion takes place. The ejected blood, varies, as well in quantity as quality,—small, or extremely copious, dark and clotty, or florid and fluid—the latter not common—sometimes resembling tar in colour and consistence, and in other instances, like coffee grounds, or the sediment of port wine.

As suggested however, the effusion in hematemesis, may proceed from other of the abdominal viscera, or be vicarious of the suppression of the sanguineous discharge of some remoter or less connected organ. The upper portion of the intestinal tube being concerned, the symptoms are nearly the same as in gastric hæmorrhage, and issuing from the lower bowels; when not the product of typhoid dysentery, there is a sense of weight and oppression, very characteristic, in the hypogastric and pelvic regions.

Emanating from the liver, it is entitled melæna or morbus niger. Hippocrates considered the fluid as consisting of black bile or grumous blood, and the same notion was long entertained. The modern authorities, however, restrict these terms, to hæmorrhage only, including under them, such as proceeds from any of the abdominal contents, by the mouth or anus, provided the fluid be dark.

Commonly, when the liver or spleen is the seat of the effusion, with a loaded feeling, sometimes, an obvious distension in the right or left hypochondrium is observable, according as the one or the other organ may be implicated, accompanied, in some instances, by vomiting or purging, headache, sallowness of complexion, particularly if the liver be concerned, some fever or entire absence of it, a low and feeble pulse, a heated or cold surface, and occasionally edema, of the face or of the lower extremities, or ascites, or both. Yet, I have known such hæmorrhages, independently of any apparent disorder or vitiation of system, breaking out unexpectedly, owing perhaps to sudden engorgements of the portal circulation. As to the phenomena of the vicarious discharges, they require no special recital. An attack of these is usually sudden, indicative of an afflux of blood to the stomach, productive of the symptoms of the primary affection of that viscus, with, at the same time, a suppression of the original discharge.

From which ever of the preceding sources it may come, the quantity of blood evacuated, is on some occasions enormous. Cases of ordinary gastric hæmorrhage frequently occur where several pints are voided, and I shall hereafter mention others connected with ulceration of the stomach, in which the amount was gallons in a few days. These latter however, are perhaps, not vital hæmorrhages.

Nor may it be less from the other structures. Examples are recorded of immense discharges of blood under such circumstances, one of the most remarkable of which, is that by Michelotti in the Transactions of the Royal Society, for 1731, where a young man with enlargement of spleen, threw up in two hours more than twelve pounds of blood, and finally recovered.

In 1813, I was called to a man from the country, for supposed dropsy, whose abdomen was immensely distended, and his lower limbs edematous, with general cachexy. The case being equivocal, Dr. Hewson was brought into consultation, and very soon after we saw him an evacuation took place upwards and downwards, particularly from the bowels, at first so copious and incessant, that a succession of chamber pots was filled. The evacuation continued for two weeks, though not as largely, till finally about eight gallons were voided. The abdominal intumescence progressively subsided, and in the course of a month he returned home apparently doing well. Whether the liver or spleen was concerned in this case, could not be accurately determined, though the latter was suspected.

Nearly about the same time, I had under my care a mariner lately from India, whose case presented very much the same appearance as the preceding, with, however, more unequivocal evidence of hepatic affection. During my attendance on him, he was suddenly seized with vomiting of black dissolved blood, which scarcely intermitted for three days, when he expired, having previously thrown up eight quarts, as nearly as could be ascertained.

Not long afterwards I attended a case in the Almshouse Infirmary, of chronic hepatitis, in which the discharge of the same sort of blood, chiefly from the bowels, averaged a pint daily, for more than a fortnight, and which ultimately recovered.

During the summer of 1829, I visited, with Dr. Rhea Barton, an aged gentleman having jaundice, who, in twenty-four hours, evacuated, probably, three or four gallons of this grumous fluid. He expired with it flowing from his bowels;—and, subsequently, I saw, with Drs. Parrish and Sharpless, a young man, who, apparently in good health, was suddenly, and without any premonition, seized, while walking in the street, with the same sort of discharge, where the quantity could not have been less, in half the period. Nothing which we attempted was of any avail, and he sank completely exsanguineous. It seemed highly probable that the hæmorrhage came from the liver.

In 1835, I had a case, with Dr. Morton, very analogous to the foregoing one, in a young lady, who, in previous good health, was awakened out of her sleep by a purging of blood so profuse, that, on my arrival, I found the bed filled with it. Continuing in this way for the greater part of the night, till a prodigious, though uncertain quantity escaped, it gradually ceased the next day, and she recovered. There was here every manifestation of intestinal hæmorrhage.

Lately, I attended, with Dr. Pancoast, a distinguished member of the bar of this city, who, for some time previously having laboured under some slight symptoms of dyspepsia, was, without any direct premonition, attacked with vomiting and purging of dark, grumous blood, so copious, that in despite of our efforts, he died from exhaustion on the third day, though the hæmorrhage was early checked.

Further instances might be adduced to illustrate the extent, the danger, and even fatality, of this hæmorrhage. To account for such immense losses of blood is difficult,—and were they not so well attested, would be incredible. Yet they are not wholly inexplicable. We are aware of the copiousness of the effusion sometimes, from very limited external surfaces, of which we have ocular proof,—and it is not improbable, that in the visceral cases, by chronic congestion of an atonic nature, an enormous amount of blood had previously accumulated in the affected organ in a stagnant state, ultimately poured into the alimentary canal. Every practitioner of experience has seen the whole abdomen distended by such a condition of the liver and spleen especially,—and there is an instance reported of the latter viscus having weighed ninety-three pounds, and many of prodigious dimensions. An escape of blood under these circumstances, is very different in its effects from the loss of it directly out of the circulation, and resembles more the exhaustion induced by the sudden abstraction of the extravasated fluid in ascites.

(To be continued.)

Delerium Tremens, History and Treatment of, with Emetics, by STOLL, in 1778.—The ancient writers have confounded under the general term *phrenzy* various affections, which the moderns have discriminated, and which they have sometimes described as new and unnoticed diseases. Among these we may place that bizarre affection, which was well portrayed by the English physician Sutton under the name of *delirium tremens*, and which, he shewed, was in almost every case occasioned by the abuse of spirituous liquors.

In lately perusing the works of Stoll, I (Professor Forget of Strasburg) was much struck with the very exact and faithful delineation of this disease, in the Chapter on the Causes and Seat of Phrenzy.

The report of the following three cases will interest every medical reader, not only by the accuracy of the description, but also by the judicious therapeutical instructions recommended by the author.

Case 1. A middle-aged man, of a robust constitution, was admitted into the hospital at Vienna on the 13th of June, 1778. For six days he had been distressed with extreme lassitude, loss of appetite, frequently-recurring chills, and subsequently with a great trembling or shaking of the body, as if he was in the cold stage of an ague. The pulse was but little affected; the speech was quite clear, and the mind was tranquil. Dr. Stoll regarded the case as one of incipient bilious fever, and prescribed some light aperient to act upon the bowels.

During the night, however, the patient was unexpectedly seized with furious delirium; and, from this time until the hour of the morning visit, he was in a constant state of violent excitement, screaming out, and tearing every thing that

he could get hold of. The pulse at this time was vibratory; and the surface of the body was covered with a copious sweat.

Three grains of emetic tartar were administered immediately; but neither vomiting or purging was induced. An hour afterwards a mixture, containing eight grains of the same salt was prescribed: one half to be taken at a dose, and the other half in half an hour, if no effect was produced. The patient, however, mistaking the medicine for wine, which he was continually desiring to have, swallowed nearly the whole of the mixture at once. He was vomited and purged briskly three times; and a copious perspiration broke out. The delirium soon subsided, and he fell asleep muttering to himself. On the following day, he awoke quite conscious, and almost entirely tranquillized in his mind.

Case 2. In the Autumn of 1778, we received into the hospital a man-servant, who was at the time in a state of furious excitement. Four or five days previously he had drunk a large quantity of strong beer, while heated from running; and he was soon afterwards seized with intense headache, and frequently-returning chills. He was immediately bled from the arm; but, although the blood was buffy, *no decided relief was procured.* During the course of the evening, he fell into a state of delirium: his eyes seemed to be pushed forwards, and they were constantly rolling about; he screamed out in violent paroxysms of rage; the whole surface of the body was drenched in profuse prespiration; and the pulse, though scarcely at all accelerated, was vibratory and jerking. A second venesection was practised, *but without benefit.*

On the following day, however, he was much more composed, and then Stoll saw him for the first time. He advised a small quantity of blood to be taken again from the arm: it proved to be not at all buffy now. Acidulated drinks and gentle aperients were also prescribed; and, along with these medicines, a four-ounce mixture containing six grains of tartrate of antimony. These means produced three copious stools, and also vomited him freely thrice. He became, soon afterwards, very calm, and at length fell into a profound soothing sleep, which lasted for many hours. In the course of a few days he had completely recovered.

Remark. The inutility of sanguineous depletions was strongly manifested in the preceding case.—(*Rev.*)

Case 3. A young man, who had been long addicted to excess in drinking, was seized with shivering, severe headache, frequent vomiting, and general weakness. At times, all his limbs trembled or shook, as if he was in an ague-fit. The pulse was quickened, hard, and full. He was bled and purged with cooling aperients—the blood was buffy. During the course of the night, however, he fell into a state of delirium and excessive restlessness. On the following day, there were frequent attacks of convulsions; and the delirium was almost constant. Next day he was conveyed to the hospital: he was then more tranquil, and could give some account of his illness.

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General Remarks. These three cases, reported by a most experienced physician of the last century, before the term *delirium tremens* had been heard of, will be read with interest and advantage. The efficacy of the antimonial treatment is most satisfactorily proved by the result of each case; and the recommendations of it by some recent writers are thus very beautifully confirmed.—*Med. Chir. Rev., from Bul. Gen. de Therapeutique.*

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Report of Cases treated in the Men's Medical Wards, Nos. 1 *and* 2, *of the Philadelphia Hospital, Blockley.* By W. W. Gerhard, M. D., Attending Physician.
(Report furnished by Dr. Barnes, Resident Physician.)

No.	Name.	Age.	Diagnosis.	Duration of treatment.	Result.	Local treatment.	General treatment.	Remarks.
1	W. B.	38	Aneurism of Aorta; thickening of semi-lunar and tricuspid valves.	2 months.	Remaining.	Scarified cups, No. 1, q. d. for 14 days.	℞. Pulv. Digitalis gr. ss. Ext. Hyosciam gr. i., q. t. d.	The digitalis was only given when the dropsical effusion, which he was at times subject to, required it. Under these circumstances, it acted as a most powerful diuretic.
2	P. M. G.	32	Anasarca; no disease of heart; albuminous urine.	2 weeks.	Remaining; convalescent.	Warm bath, q. s. die.	℞. Infus. Eupator. f℥ij., q. q. h. ℞. Pulv. Ip. et Opii gr. x., nocte.	Profuse diaphoresis was induced on the fourth day, which continued for some time after the discontinuance of all treatment. All œdema disappeared three days after the commencement of diaphoresis.
3	P. M.	28	Anasarca; disease of heart; albuminous urine.	18 days.	Remaining; convalescent.	Warm bath, q. t. d.	℞. Potass. bitart ℈j. Jalapœ gr. x.., s. s. q. d. ℞. Pulv. Doveri gr. iij., q. s. h.	The œdema decreased gradually from the fifth day, and had almost entirely disappeared on the tenth. Purging moderate; diaphoresis slight.
4	D. F.	42	Ascites.	10 days.	Discharged; cured.	Warm bath, quaque nocte.	℞. Pulv. Scillæ, Hydrg. Chlor. mit. āā gr. i. Pulv. Digitalis gr. ss., t. in d.	On the second day diuresis commenced, and on the fourth the patient became slightly ptyalized when the prescription was discontinued. Diuresis continued until the ninth day, when he was attacked with an external disease, for the treatment of which he was removed to the surgical ward.
5	D. R.	46	Arachnitis, slight.	7 days.	Remaining; convalescent.	Sinapisms to feet and ankles; Hirund. American. No. XL. to occiput; Emp. Epis. to temples.	℞. Mag. Sulp. ℥i., Statim Sumend. ℞. Mass. Hydrg. gr. j. Tart. Antim. gr. ⅛th, q. s. h.	All symptoms of cerebral disease had disappeared on the fifth day, when he complained of intense pain in the sciatic nerves. Granville's strongest liniment was applied over seat of pain, which relieved him almost instantaneously.
6	J. S.	61	Bronchitis, and chronic disease of the heart.	2 days.	Remaining; relieved.	Scarified cups, No. vii., to thorax; sinapisms to præcordial region.	℞. Spts. æth. S. comp. f℥i. Lac. Assafœt. f℥v. M. S. f℥ss., q. s. h.	Pain and dyspnœa somewhat relieved.
7	J. M. C.	30	Bronchitis.	5 weeks.	Remaining.	Scarified cups, No. vi., to thorax, right side, posteriorly.	℞. Rad. Seneg. contus. ℥i. Rad. Sanguinar. ℥iij. Aquæ Bullient Oj. M. S. f℥ij., q. q. h.	The bronchitis has assumed a chronic form, and is now becoming complicated with tubercular depositions.
8	D. K.	29	Catarrh.	12 days.	Discharged; cured.	Pediluv. sinapisms, q. s. nocte.	℞. Infus. Senegæ f℥ij. q. q. h.	This patient was also placed on the lichen islandicus, as a dietetic.
9	E. M.	36	Chronic diarrhœa.	1 month.	Remaining; relieved.		℞. Pulv. Opii gr. ss., q. q. h. ℞. Bals. Copaib. ♏.iv., q. s. h. ℞. Tr. Opii gtts. xxx., per enema, q. nocte.	This patient entered the ward in a very debilitated state. By confining him to a strictly farinaceous diet, by slight stimulations, and by the free use of opiates, the diarrhœa has been in a great measure checked. Bals. Copaib. proved useless.

10	T. M. G.	32	Dysentery.	2 weeks.	Discharged; cured.	Catap. Humuli, to abdomen.	℞. Hydr. Chlor. mitis. gr. i. Pulv. Ip. et Opii gr. iv., q. q. h. ℞. Tr. Opii gtts. xxx., per enema, quaque sex t. hora.	This patient had been labouring under severe dysentery for several days before his entrance,—at which time he had about sixty stools in twenty-four hours. The disease yielded as soon as the mercurial had produced a very slight effect upon the gums. All treatment was discontinued on the seventh day.
11	W. E.	71	Ossification of valves of heart; cyrrhosis of liver; anasarca.	7 weeks.	Remaining.	Sinapisms over præcordial region.	℞. Pulv. Digitalis. Pulv. Scillæ āā gr. i., t. t. d. pro. re. nata.	The treatment in this case was merely palliative, and the digitalis was only resorted to when occasional exacerbations occurred.
12	T. C.	36	Intermittent fever.	9 days.	Cured; discharged.		℞. Quiniæ Sulp. gr. ij., q. t. h. ℞. Infus. Quassia, ℥ij., q. s. h.	All three cases of intermittent fever were put on the same course of treatment. The youngest patient of the three had had this disease much longer than either of the others, and was under treatment for a much longer period.
13	D. M.	19	" "	1 month.	Cured; discharged.			
14	T. F.	50	" "	8 days.	Cured; discharged.			
15	G. D.	49	Gastritis.	11 days.	Discharged; cured.	Scarified cups No. viij. over epigastrium, followed by Catap. Humuli over abdomen.	℞. Hydrg. Chlor. mitis. gr. ss. Pulv. Ip. et Opii gr. iv. M. q. t. h.	On the fourth day the gums became slightly affected, after which the patient recovered rapidly.
16	W. N.	40	Gastritis.	3 days.	Discharged; cured.	Catap. Humuli over abdomen.	℞. Mist. Oleag. f℥iij., q. s. h., until purged.	In this and the two following cases the gastritis was very slight, and yielded almost immediately after the operation of the purgatives.
17	G. D.	58	"	2 days.	Discharged; cured.	Catap. Humuli over abdomen.	℞. Hydg. C. mitis. gr. x. Pulv. Rhei ℈i., s. s.	
18	C. G.	28	"	2 days.	Discharged; cured.	Dry cups No. viii. over Epigastrium.	℞. Ol. Ricini f℥i. Tr. Opii gtts. x., s. s.	
19	J. L.	35	Lumbago.	5 weeks.	Discharged; relieved.	Granville's strong liniment applied over lumbar region, q. s. d.	℞. Pulv. Camphoræ gr. v. Pulv. Resin Guaiac. gr. xv., q. q. h.	The application of Granville's liniment produced a decided improvement in a few days.
20	J. M.	32	Lumbago.	5 weeks.	Discharged; cured.	Scarified cups No. iv. to lumbar region, q. q. d.; Emp. Epis. over sciatic nerves.	℞. Pulv. Ip. et Opii gr. iv., q. q. h.	This was quite a recent case, in which the pain upon motion was very severe. Moderate diaphoresis was produced and kept up by the P. Doveri.
21	T. P.	49	Neuralgia and hypochondriasis.	3 weeks.	Remaining.	Scarified cups, No. vi., over upper dorsal vertebræ; Emp. Epis., 4 × 4, over lower part of sternum.	℞. Mass. Hydrg. gr. iij., q. nocte sumend. ℞. Ext. Colocynth. gr. vi., q. mane sumend.	No improvement has as yet been noticed. The course of purgatives was commenced two days since. The neuralgic affection is chronic, with periodical exacerbations.

No.	Name.	Age.	Diagnosis.	Duration of treatment.	Result.	Local treatment.	General treatment.	Remarks.
22	T. K.	28	Pneumonia, with pericarditis.	43 days.	Discharged; cured.	Scarified cups, No. viii., to thorax, rt. side, posteriorly; Emp. Epis., 4 × 4, over præcordial region.	℞. Rad. Senegæ ℥i. Rad. Sanguinar. ʒiij. Aq. Bullient Oj., f℥jj., q. q. h.	The infusion acted as an expectorant, diaphoretic, and laxative. The pneumonia was cured in nine days,—the pericarditis remaining in a slight degree until the twentieth day from the commencement.
23	P. W.	28	Pneumonia, second attack; cured of the first and discharged ten days before, went to work, and on exposure the second recurred.	3 days.	Dead.	Sinapisms to feet; Emp. Epis., 6 × 8, to right side of thorax; cups to right side after reaction.	℞. Ammon. Carb. ʒi. Spts. æth. S. comp. f. ℥ss. Mucil. Acac. q. ft. f. ℥vi. S. f. ℥ss. q. ss. h. ℞. Pulv. Dover, gr. iii. Nitrat. Potass. gr. iv. twice only.	This patient was largely bled previous to entrance, and was brought to the hospital in a state of collapse, from slipping of bandage on the way. Reaction was fully established on the evening of the second day. Cerebral symptoms developed on second night, which increased in intensity until the time of his death.
24	J. A.	32	Pleuritis (chronic.)	11 days.	Discharged; cured.	Emp. Epis., 4 × 6, to right side of thorax, kept open with Cerat. Resinæ for five days.	℞. Mass. Hydrg. grs. ii. T. in die.	The patient complained on his entrance of pain in the right side of thorax; more especially upon a full inspiration. This pain was much relieved by the blister, and was entirely removed before the mercurial had produced ptyalism
25	W. C.	28	Pleuropneumonia.	16 days.	Remaining; convalescent.	Emp. Epis., 6 × 8, to post. portion of thorax. Pediluv. Sinap. q. nocte.	℞. Rad. Seneg. ℥ss. Rad. Sanguinar. ʒiss. Aquæ Bullient Oj. f ℥ii. q. sex. h. ℞. Pulv. Doveri grs. iii. q. q. h.	The Pleuropneumonia is entirely cured, and the patient remains in the ward, merely on account of the debility ensuing from the severe attack under which he has laboured.
26	J. K.	28	Paraplegia.	10 days.	Discharged relieved.;	Cucurb. cruent. No. iv., to spine, q. s. d.	℞ Ext. Colocynth comp. grs. vi. q. secund. die.	This patient has been transferred to another ward, where he still remains under the same course of treatment, and is convalescing rapidly.
27	J. S.	62	Paraplegia of three years' duration.	20 days.	Discharged.	Granville's mild liniment to spine, t. in die.	℞. Pill, laxat. comp. No. iv. q. s. d.	Discharged to the incurable ward.
28	J. B.	65	Paraplegia.	23 days.	Discharged; convalescent.	Cucurb. cruent. No. iv,, to spine, q. s. d.	℞. Infus. Sennæ f. ℥iv. q. s. d. ℞. Venesect f. ℥xvi.	Was discharged at his own request; the paraplegia being so much relieved that he could return to his occupation.
29	S. K.	29	Ptyalism.	5 days.	Discharged; cured.	Catap. Humuli to throat.	℞. Aquæ Opii f. ℥vi. ⎫ mouth Pulv. Alumin. ʒi. ⎭ wash.	Convalescent from dysentery.
30	J. H.	55	Rheumatism.	1 month.	Discharged; cured.	Emp. Epis. to knee; entire rest.	℞. Pulv. Doveri grs. iii. q. in die.	The Rheumatism was confined to the right knee.

31	R. F.	50	Rheumatism.	2 months.	Discharged; cured.	Emp. saponis to ankle, covered with a tight bandage.	℞. P. Resin Guaiac. gr. x., q. sex h.	The Rheumatism was confined principally to the foot and ankle.
32	J. D.	32	Acute Rheumatism and pericarditis.	17 days.	Discharged; cured.	Cucurb. cruent. No. viii. over præcordial region.	℞. Pulv. Rad. Colch. gr. vi. Pulv. Aromat. gr. iij., q.q.h. ℞. Decoc. Zinziberis Oj., in die.	The colchicum was taken every four hours for two days, every six hours for three days, and twice daily for two days. On the fourth day, all pain was removed, gentle diaphoresis established, and from that period, convalescence was gradual. Slight nausea the first day.
33	H. J.	53	Ramollisement of brain and third stage of Pneumonia.	5 days.	Dead.	Sinapisms to feet; Emp. Epis. to nucha; Emp. Epispas. to thorax.	℞. Ammon. Carb. ℥i. Syrup Senegæ f℥i. Mucil. Acac. gr. ft. f℥vi. M. S. f℥ss., q. h. Wine.	This patient's constitution had been much impaired by intemperate habits, and by a secondary syphilitic affection of several years' duration. He entered the medical wards in a state of asthenia.
34	J. M.	45	Spinal irritation.	5 weeks.	Remaining; convalescent.	Granville's vesicating liniment to spine, q. s. d.	℞. Pill. Cathart. Comp. No. iij., quaque die, secund.	The improvement in this case, since the application of Granville's liniment has been very marked.
35	I. L.	35	Phthisis pulmonalis.	14 weeks.	Discharged.		℞. Syrup Senegæ. Syrup Tolu $\overline{aa}$ f℥i. Mucil. Acac. gr. ft. f℥vi., S. ℥ss. p. r. n.	Discharged to incurable ward.
36	J. D.	45	" "	2 months.	Remaining.		℞. Ext. Hyosciami gr. iij. Pulv. Camphoræ gr. v., ft. pill, nocte sumend. ℞. Infus. Prunus. Virgin. Oj. in die.	This patient has a cavity in the upper lobe of right lung, which has not increased in size for the last month. No hectic, and no night sweats.
37	J. R.	24	" "	7 weeks.	Remaining.		Tonic infusions, demulcents, and expectorants, pro re nata.	Rapid softening of tubercles, accompanied with emaciation, prostration, hectic, &c.
38	T. R.	22	" "	3 months.	Remaining.	Emp. Epispas. 2 × 2, to right axillary region, q. s. d.	℞. Infus. Prunus. Virg. Oj. Acid. Sulp. Aromat. f℥ss., s. q. d.	Entered the hospital three months since with chronic pleuritis, which has been succeeded by tubercular depositions. Emaciation slight, cough severe, no hectic.
39	M. G.	45	" "	6 weeks.	Remaining.		℞. Ext. Hyosc. gr. vi. Acet. f℥i Syrup Simp. f℥i. Mucil. Acac. q. ft. f℥vi. M. } f℥ss. q.s.h.	Cough severe, especially at night; emaciation gradual; slight hectic.
40	F. B.	48	" "	3 weeks.	Remaining.	Emp. Epispas to left axillary region, kept open with cerat. resinæ.	℞. Syrup Tolu, " Senegæ $\overline{aa}$ f℥i. Mucil. Acac. q. ft. f℥vi. M. ℥ss. q. s. h.	Has less cough and pain, and sleeps much better than at time of admission. No emaciation; no hectic.

No.	Name.	Age.	Diagnosis.	Duration of treatment.	Result.	Local treatment.	General treatment.	Remarks.
41	J. J.	46	Phthisis pulmonalis.	14 weeks.	Remaining.		℞. Prun. Virgin. ℥i. Sod. Bicarb. ʒi. Aquæ Oj. M. in die.	Some time after admission, this patient was seized with severe hæmoptysis, which was checked in twenty four hours, by— ℞. Acid Citrici, grs. x. Muc. Lini., Oss. M. S. f℥ii. q. s. h.
42	A. D.	19	" "	6 weeks.	Remaining.	Sinapisms over right mammenary region.	℞. Mass. Hydrg. gr. ss. Ipecac. gr. i. ft. pill. Sumend. q. q. h.	The patient entered with arachnitis, and a general tubercular affection, and has improved very decidedly upon an alterative course of mercurials. It was prescribed on account of the cerebral disease.
43	N. R.	60	" "	3 weeks.	Remaining.	Emp. Epis. over old ulcer on leg.	℞. Syrup Tolu. f℥i. Syrup Ipecac. f℥ii. Mucil. Acac. q. ft. f℥vi. f℥ss. q. s. h. ℞. Prun. Virgin. ℥i. Aquæ Oj. s. in die.	Symptoms of phthisis were developed in this case, immediately upon the healing up of an ulcer on the leg, which had acted as an issue for several years. The ulcer was again opened, since which time the symptoms have become less urgent.

These tables include all the patients treated in two wards of the Philadelphia Hospital, in the time included between the dates which are specified. The diseases were those most frequent during the winter months of the present year. They include several points of interest, but are deficient from the accidental omission of the date of the disease at which the patients entered the hospital. In other respects, they have been prepared with great accuracy by Dr. Barnes.

The fatal cases were two in number; both from pneumonia, more or less complicated. One of these cases was that of a patient who had recovered from a previous attack of severe pneumonia, and had returned to his work a week before his entrance. He carelessly exposed himself to a heavy rain, and was taken with a return of the disease. The patient was bled in the city; on his way to the hospital the bandage became loose, and he lost a very large quantity of blood. At his entrance, he was in a state of perfect collapse; reaction was established with great difficulty; the patient afterwards improved, but at last died of cerebral symptoms. No autopsy could be made; but the patient, in all probability, died of inflammation of the brain, which had proved fatal to several patients affected with pneumonia in the early part of the winter. The previous attack of pneumonia had commenced with hæmoptysis, and the patient had been for some months in feeble health. The disease was, therefore, probably complicated with phthisis.

The second case was one of asthenic pneumonia. The patient entered in the third stage of the disease, and but few means of treatment were applicable. The sputa assumed the peculiar tinge which is usually met with in the last stage of pneumonia; that is, they were thin, and of a deep brown tint, similar to that of the juice of stewed prunes.

The pathological appearances were interesting rather on account of the lesions found in the brain, than those in the lungs. The left lung was hepatized throughout, and the inflammation was just passing from the second into the third stage. The brain offered a remarkable depression on the right hemisphere, near the upper termination of the fissure of Sylvius; the arachnoid adhered closely to the pia mater, and both these membranes were attached to a mass of cellular substance, which had replaced the ordinary cerebral matter, but had in a great measure retained its peculiar form. The convolutions were quite evident, were formed of the cellular substance, but were much thinner than usual. In a small part of the cellular mass, which was examined by the microscope, a portion of cerebral substance appeared to be inclosed in the meshes of the cellular tissue. The depth of the cellular substance was about an inch, and its breadth at least an inch and a half; it was surrounded by a portion of the brain, softened and of a yellowish tint. I regarded the lesion as an instance of the developement of the cellular substance of the brain; but, it was doubtful whether the natural cellular tissue which is supposed to exist in the

brain, was merely developed in consequence of some previous inflammation, or whether the disease was simply the remains of an apoplectic clot. The previous history of the patient could not be ascertained, and at the time of his entrance his mind was too much enfeebled for him to give a correct account of his symptoms.

The treatment was as free from complications as was possible under the circumstances, and in all cases, the remedies were withheld as soon as their peculiar effect was produced. By taking this precaution, we were enabled greatly to diminish the quantity of medicine which was required, and to relieve the patient with the least possible disturbance of the alimentary canal. When diuretics or diaphoretics were administered, the discharge of urine and perspiration nearly always continued until the patient was freed from the effusion, and the mode of practice to which we adhered was therefore remarkably efficient. With other remedies, it was more difficult to apportion the dose, and to restrict the treatment to the minimum quantity; but in most cases of chronic disease, we may attain the results at which we aim, by giving smaller doses of medicine than are usually administered.

A new remedy, that is, new in the form in which it is now used, was prescribed in many cases of neuralgic disease: I allude to the ammoniacal liniment, the composition of which was first made known in this country, by its publication in the Medical Examiner, from a formula given by Dr. Granville, in the London Lancet. Notwithstanding the absurd charlatanism with which this particular form of ammoniacal liniment was recommended to the public, we were not disposed to forego the real advantages which might be derived from its application. It was applied in many forms of disease, in most cases adopting the precise formula of Dr. Granville, but in some, varying the proportions, or altogether omitting some of the ingredients; always retaining, however, the most essential, the water of ammonia. In many cases of neuralgic pains, the relief was immediate and permanent. In thoracic diseases, when it was desirable to keep up a long continued drain from a small surface, much advantage seemed also to result from those blisters, which did not at first give rise to as severe pain as a fly blister, while they continued open for a much longer period. The disadvantage of these applications arises from the slowness with which the vesicated surface heals, and its tendency to take on superficial ulceration; in neuralgic diseases, these are serious evils and they not unfrequently follow the application even of the milder liniment; but in cases where it is desirable to keep up a long-continued discharge, the ammoniacal irritants are certainly of great convenience and advantage. It is in these cases that Gondret's ointment, composed of lard and aq. ammoniæ, has been most employed. Whether any great diversity of action is observable in the various kinds of ammoniacal applications, is yet to be determined. On a future occasion, we hope to furnish sufficient facts to resolve this question, and ascertain whether the ammoniacal preparations are, in some cases, superior in power to other modes of counter-irritation.

BIBLIOGRAPHICAL NOTICE.

Clinique des Maladies des Enfans nouveau-nés. Par F. L. J. Valleix, D. M. P. &c. Paris. 1838. 1 vol. 8vo. pp. 684.

A Clinic of the Diseases of Infants. By F. L. J. Valleix, D. M. P., &c.

The author of this volume is one of the most distinguished disciples of the School of Louis, and resembles that great teacher in his love of truth and his aptitude for the methodical observation of facts. As the work before us lays no claim either to elegance of diction, profound learning, or that vividness of imagination, which is the parent of bold hypothesis, but is, on the contrary, a plain and practical statement of facts observed with skill, and recorded with clearness and honesty, we feel that Dr. Valleix has a right to something more than those general and unmeaning terms of praise or blame which may be predicated of almost any work, and which save the reviewer so much tedious labour. We shall make, then, such an analysis of the "*Clinique*" as will present the general reader with its most interesting features, do justice to its author, and consist with the limits assigned for our notice.

Dr. Valleix, after paying a just tribute to the treatise of Billard upon the diseases of infants, regrets that that author should have applied a strict method of analysis only to the portion of his subject which treated of pathological anatomy, and claims that his own labours have been productive of more valuable fruits, he having studied "not merely fragments of diseases, but the diseases themselves, i. e. the symptoms, their order, the necroscopic lesions, and the relations of these several elements to one another."

In a first chapter is shown the difficulty of applying to infants the means of clinical observation in use for adults; the necessity of studying the modes of expression peculiar to the infantile age, the cries, movements, &c., how far these signs are accurate interpreters of the state of the organs and their functions, and finally what is the healthy condition of these last, without which knowledge it is impossible to know when a function is deranged. In regard to the face, it is stated that the dark reddish hue of new-born infants begins to diminish about the fourth day, when it is mingled with a slight yellow tinge which shows

itself rather on all other parts of the face than over the cheek-bone. If the original red colour persist beyond a week without a shade of yellow we may expect the developement of some disease, and, commonly, œdema. When the yellow tinge appears suddenly and dyes the sclerotica, it is ominous of evil.

In a healthy new-born infant the face is *without expression*, but in acute diseases the features become distorted, the brow wrinkled, the eyebrows contract, and the corners of the mouth are drawn outward. Intermittent movements of the head and limbs, as well as of the features, are no doubt owing to momentary but recurring pains. Dr. V. has only observed them in apththæ and enteritis.

The pulse should be felt, if possible, when the infant is in a state of repose; the physician should follow with his hand the movements of the patient's arm, and not oppose them. Of thirteen infants in perfect health, aged from two to twenty-one days, the maximum of pulsations in a minute was 104, the minimum 76, the general mean 87. Dr. V. has found that the best means of stilling the cries, and calming the agitation of infants who resist physical examination, is to place them before a bright light. The manner in which this agent affects them should be noted.

The next chapter is on *Pneumonia*. Dr. V. has not met with a single case of idiopathic pleurisy, and Dr. Billard only records two: this disease complicates pneumonia in about one-eighth of the cases. The history of the symptoms of the last mentioned disease, as given in the work under consideration, offers no points of novel interest. The mortality from pneumonia at the Foundling Hospital is very great; fifteen cases observed by Dr. V., all terminated fatally, and of 114 noted by Dr. Vernois, one only recovered. It is true, most of these cases were complicated either with aphthæ, erysipelas, or œdema, and of a total of 128 cases, 111 were of double pneumonia. Of this latter number, the disease predominated on the right side 59 times, on the left 10 times; the two sides were equally affected 42 times. Of the 128 cases, seventeen had the right lung exclusively inflamed; in no instance was the left only attacked. In the summer of 1836 we observed, at the Children's Asylum, Blockley, seven cases of pneumonia in patients between the ages of 18 months and two years. In six of these which proved fatal, the right lung only was interested. The remaining case got well: the patient was a robust boy three years old: in him the disease occupied the left lung anteriorly. The lesions found after death by Dr. V. are such as confirm the correctness of Dr. Gerhard's observations, and particularly in regard to the smooth shining aspect of the cut surface of the hepatized lung as contrasted with the granulated state observed under similar circumstances in adults.

The third chapter is occupied by a minute history of "*le muguet*," or aphthæ, a disease so common in the Foundling Hospital of Paris, that about one-fourth of the patients brought to the infirmary of that institution are affected with it. We find that there is some confusion of terms amongst writers on the diseases of children in regard to the name of the disease in question. Dr. Valleix assigns ulceration as the character of aphthæ, while the "*muguet*" is known by him as a membraneous exudation without lesion of the subjacent parts. M. Dugés uses the two words indifferently, and describes ulcerative aphthæ as varieties of the general disease characterized by false membrane. Dr. Robertson says that "aphthæ ought to be considered inflammatory exudations rather than ulcers:" and Dr. Dewees having described under the head of aphthæ the "*muguet*" of the work before us, devotes a subsequent chapter to "ulceration of the mouth." In this he criticises Dr. Underwood for calling "*aphthæ gangrenosa*" a form of ulceration incident to dentition, saying, "the appearances here do not bear the slightest analogy to aphthæ." In this analysis the words aphthæ and *muguet* will be used as synonymous.

Twenty-four cases of aphthæ, observed in their minutest details, form the basis of the memoir before us. "Hitherto pathologists have attended too exclusively to the morbid appearances of the mouth and œsophagus, considering the accompanying affection of the intestinal canal as a complication merely; above all, they have dated the commencement of the disease from the first appearance of false membrane in the mouth." This statement is probably true of the French writers, but neither American nor English authorities are chargeable with such exclusive views. In the "Encyclopœdia of Practical Medicine," Dr. Robertson states that "many authors of reputation contend, that the disease *always originates in the stomach*, even before showing itself in the mouth and fauces." Dr. Dewees expresses himself thus: "This affection (aphthæ) is thought to be *altogether of a symptomatic kind*, or very rarely idiopathic. It is almost uniformly

preceded by a deranged condition of the alimentary canal, and always, we believe, by some disturbance of the stomach itself. * * * * * * The bowels are often teased by watery acid stools of a greenish colour." Dr. Valleix has, however, the credit of demonstrating what others have surmised; no writer before him has pointed out the succession of the symptoms, nor their mutual relations of frequency, &c., all points of capital importance, but never to be settled by those who write from no better data than are furnished by the most fallacious of all our faculties—an unassisted memory.

The following is an abstract of the results obtained by Dr. V. In seventeen out of twenty-three cases, an erythema of the posterior part of the buttocks preceded the formation of false membrane in the mouth, by six days; in the remaining six cases the erythema existed, but made its appearance later. Diarrhœa, with yellow stools, failed only in one instance to precede the affection of the mouth, and in the great majority of cases, by about four days. At the same time the pulse rose suddenly from 80 or 90 to 116 or 140, and became more developed. The face began to acquire a yellowish tinge, which it preserved throughout the disease. Immediately afterwards the papilla of the point of the tongue began to swell and wear a bright red colour, which extended itself to the cheeks, and within two days and a half was followed by disseminated aphthous points, showing themselves in twenty out of twenty-four cases, first upon the tongue. Upon the cheeks the exudation was deposited in irregular patches; upon the roof of the mouth in layers; at first it was always adherent, and attempts to detach it produced slight hæmorrhagy; later in the disease its removal became easy. During its developement the erythema and diarrhœa persisted; the stools being almost always greenish, but in no instance containing fragments of false membrane. There was moderate tympanitis of the abdomen when the disease was at its height, and evidences of pain upon pressure uniformly corresponding to a lesion of the intestine. Vomiting occurred five times, but in no case was the colour of the membrane of the mouth referrible to the nature of the matter rejected. In several instances the vomiting was clearly caused by the accumulation of false membrane in the posterior fauces. Twenty times there were ulcerations either of the malleoli, or heels. The heat of the surface was notably augmented in twelve cases. "Towards the close of the disease all these symptoms diminished in intensity, and gave place to a state of collapse. The erythema lost its vivid tint; scabs incrusted the ulcerations; the diarrhœa became less abundant or ceased altogether; the aphthæ were limited to a few scattered patches, generally upon the tongue; the pulse fell to 80, 70, or even 60; the warmth of surface was replaced by a coldness, at first confined to the extremities, but subsequently extending itself to the trunk; the agitation gave way to an almost complete insensibility, the cries changed into moanings; the emaciation and paleness became extreme, giving to the face an expression of decrepitude; then, too, there appeared in certain cases sub-acute inflammations of the nose, the lower lip, or the neck, marked by œdematous swellings, obscure redness and pain; abscesses, too, sometimes in large numbers, attacked the subcutaneous cellular tissue; and in one case there was gangrene of the leg: finally, death, without apparent suffering closed the scene."

The average duration of the disease in the fatal cases was seventeen and a half days; in those which recovered, sixteen and a half days. The false membrane, examined after death, presented the following characters:—In no instance did it offer any trace of organization, nor the slightest medium of connexion with the subjacent mucous membrane. On removing from the tongue a portion of recently formed exudation, the papillæ underneath it were found in a state of turgescence, but where the pseudo-membrane was of long standing, the surface below was smooth and dry, and the epithelium intact. No ulcerations existed under the aphthæ, and when observed, they occupied the median line of the hard palate; at times, only superficial, and at others, penetrating to the bone. In ten out of twenty-four cases, they were aphthæ in the pharynx, under the form of small patches, particularly numerous about the edges of the epiglottis. The œsophagus was attacked in seventeen out of twenty-two cases; in nine of these, throughout its whole extent; in eight, the morbid secretion was in the form of zones, one or two inches in height. Under whatever form, the disease stopped short of the cardia by three or four lines. One case only was noted of well defined aphthæ in the stomach, and existed there in the shape of long bands, extending on either side of the lesser curvature, from the cardiac to the pyloric orifice; besides which, there were several patches towards the greater curvature. The small intestine only once presented any traces of pseudo-

membrane, and then upon two of Peyer's glands nearest the cœcum. This intestine presented, however, almost constant alterations, either in the colour, thickness, or consistence of its mucous coat. The large intestine offered, in about one half of the cases, an increase of redness, generally confined to the rectum. The other organs offered no appreciable lesion but in exceptional cases.

Various causes have been assigned for the production of the "muguet;" but Dr. V. rejects the evidence adduced in support of the doctrine that either premature weaning, bad air and diet, contagion, feebleness of constitution, &c., necessarily expose infants to the attacks of this disease. At the same time he admits the difficulty of obtaining accurate data upon these points, and adds, that whatever the efficient causes may be, they are certainly very active in the Foundling Hospital of Paris, for sporadic aphthæ are rarely met with in the private practice of that city. To superficial observers of disease, the history of causes may doubtless seem very easy to be settled; but the medical analyst knows no subject more perplexing, nor more uncertain in its results. The therapeutic details given by our author are not very satisfactory, but the following deductions are, we think, important:—1st. That unless the patients are withdrawn from the influences under which they have contracted the disease, the most active remedies are inefficacious. 2d. That when this indication is fulfilled, the most simple treatment has been followed by success.

Such is an abstract of the history of *aphthæ*, when well defined; but there are cases of the disease having but an imperfect coincidence with the type. Dr. V. details one in which no evidence of the existence of pseudo-membrane was shown during life, although the general symptoms were characteristic. After death, the œsophagus was found to be these at of the exudation. Three cases are also given under the head of "*Enteritis*," which presented all the abdominal and other signs of aphthæ, except only that neither before nor after death was any secretion of false membrane detected. With these facts before him, the author asks if he may not fairly infer the deposit of false membrane in the mouth and alimentary canal to be one of the many effects, and not the essence of the disease? If this view be admissible, (and we think its correctness nearly demonstrated,) the "*muguet*" may be thus defined:—"A disease characterized at the outset by a marked febrile movement, and an enteritis of greater or less intensity, subsequently by an inflammation of the mouth, with secretion of false membrane, and still later by a similar inflammation of the œsophagus."

The chapter of the work before us which contains the most original matter, and carries with it the most conclusive proof of the author's sagacity and the advantages of the inductive method in medical science, is that entitled "*Cephalæmatome, or bloody tumour of the head.*" The different bloody tumours observed on the heads of infants, soon after birth, may be ranged either among—1st, the sero-sanguineous, or infiltration of the sub-cutaneous cellular tissue, observed after protracted labour; 2d, the sub-aponeurotic, caused generally by external violence, and of rare occurrence; 3d, the sub-pericranial. It is this last variety which demands particular consideration. It is met with in about one out of every four or five hundred births at the "*Maternité*" in Paris. Six cases have been observed by Dr. Valleix. The tumour in question is for the most part observed upon one or the other of the parietal bones, most frequently on the right, and in no case extending beyond the limits of the bone. The tumour usually commences within a few hours after birth; it is at first small, but increases rapidly, sometimes for several hours, or even for two days; the skin over it is of a dark colour, and slightly œdematous; it offers a more or less distinct fluctuation; it is surrounded by a hard ridge a line or two higher than the general surface of the bone; by placing the finger over the ridge, and pressing steadily forward to the centre of the tumour, the bone forming the floor of this latter may be felt. Bearing these characters in mind, the observer may easily distinguish it from any other sanguineous tumour of the head, from hernia cerebri, &c., but the same signs are presented by purulent sacs between the skull and its periosteum. To explain the formation of the disease, the author describes the normal condition, at birth, of the parts subject to attack. "The pericranium is but slightly adherent to the skull in new-born infants, except within a few lines of the several sutures. In the order of developement, the internal table of the skull is first formed; numerous vessels ramifying on its external surface, secrete a rudimental diploe,—on this is gradually deposited a layer of compact matter, which constitutes the external table. At birth, the only points completely ossified in the parietal bones are its protuberances, points

whence the greatest number of vessels diverge to the periphery of the bones. Except in these points, the work of ossification is going forward in the other portions of the bone during the first fifteen days after birth, or even for a longer period. At this epoch we have then an internal table, or diploe, but *no external table.* Now, if pressure, and, above all, *circular pressure*, be exerted upon any portion of the imperfectly ossified cranium, the blood will rupture its tender vessels, and be extravasated between the bone and the pericranium, detaching this latter in an extent proportioned to the quantity of blood thrown out, or the force employed. "In my researches on the developement of the skull," says Dr. V., "I was struck with the frequency of an ecchymosis in the upper portions of the parietal regions, of greatest extent on the right side, strictly limited by the sutures, and irregularly oval in its shape. This ecchymosis could not be caused by pressure from a resisting plane surface,—the rounded form of the head precludes such an idea: besides, the lesion in question was on or near the summit of the head, while the points which come in contact with the resisting parts of the pelvis, during labour, are either anterior, posterior, or lateral. We must then conclude that the ecchymosis was caused by a circular pressure, the agent of which is situated in the centre of the parts passed over by the head: this agent can only be the neck of the uterus. As the first position of the fœtus is the most common, during its descent through the the pelvis the right parietal bone is placed more in advance than the left, whence the greater frequency of the lesion upon the right side. It is clear that the same causes which give rise to ecchymosis, may, if exerted with superior energy, produce a serous infiltration, or a proper bloody tumour. The conditions necessary to the production of the cephalæmatome, viz. the presentation of a large surface of one of the parietal bones to the mouth of the uterus, are not often met with. Hence the disease is rare.

The ridge which limits the tumour is an osseous formation, elevated about a line and a half (French) above the general surface of the bone, from which it may be detached by insinuating either the nail or a scalpel under it. The bone below offers no change from its natural healthy appearance. The form of the ridge is constantly triangular; its composition varies in regard to the quantity and disposition of the osseous matter going to form it, and which is deposited sometimes in layers and sometimes in grains. The quantity of the contained liquid varied, in the cases observed by Dr. V., from one scruple to seven ounces and a half; it was generally dark and fluid, and never odorous. When the cephalæmatome terminates by resolution, its osseous ring gradually increases from the circumference towards the centre of the tumour, the fluctuation diminishes, and the fluid is absorbed, little by little, until there is left upon the surface of the head only a slightly rounded boss or rising. Such, at least, was the course pursued in one case noted by Dr. V., and the partial details furnished by other authors seem to establish it as a general rule. When it is considered expedient to employ active treatment for the removal of the tumour, the lancet gives the surest and most prompt results. An incision should be made for evacuating the contents, taking care to avoid wounding the arteries which ramify over the surface of the tumour. The operation is unattended with any risk, for the extreme vitality of the bone renders gangrene nearly impossible, and favours the speedy adhesion to it of the integuments.

Œdema of new-born Infants.—Under this name, Dr. Valleix describes one of the most common causes of death, at the Foundling Hospital of Paris. It generally attacks infants of a feeble constitution, or those born before term, and that within three or four days after birth. The invasion of the disease is indicated by a general violet tint of the skin, a coldness of the whole body, and particularly of the extremities; a strong inclination to sleep, and, finally, by short, quick, inspirations, separated by long intervals. To these phenomena succeeds an œdema of the hands and feet, greatest on the side upon which the patient reclines, and gradually becoming general. The skin now becomes livid, and as death approaches, the œdema invades the chest, the coldness of the skin grows intense, and a bloody froth stands upon the lips. The lesions found after death consist in an infiltration of the subcutaneous cellular tissue by yellow serum. The intermuscular tissue retains its natural qualities. The heart, and the entire circulatory system, arteries as well as veins, is found gorged with dark and fluid blood; the distension of the veins, particularly, is sometimes enormous. The only treatment mentioned, possessing any distinct advantage, is the application of leeches to the anus, or behind the ears.

A. S.

FOREIGN SUMMARY.

Case of Hepatic Abscess Opening into the Stomach by three perforations, also into the Pericardium ;—Pericarditis ;—Pleuritis. With Remarks. By Professor GRAVES.—The following case contains many particulars of extreme interest, among which I beg to direct the reader's attention more especially to the physical phenomena produced by the simultaneous presence of air and fluid in the pericardial sac, no instance having been hitherto recorded where similar symptoms, arising from ulceration extended to that sac, have been observed.

In order not to lengthen the case too much, I have omitted the details of treatment; they consisted of local depletion in the first instance by means of leeches, and an attempt to mercurialize the system, which attempt failed, because suppuration was in all probability established before it was made. My experience confirms the assertion made by Annesley and other writers on diseases of tropical climates, that it is impossible, or at least very difficult, to make the mouth sore to salivation, once the formation of abscess in the liver commences. Of course, no practitioner who is aware that hepatic suppuration has actually set in, will continue the exhibition of mercury; it then becomes injurious. In the following case, when suppuration was ascertained, poultices were applied, and various astringents were subsequently employed, in vain, to check the diarrhœa.

Anne Walker, æt. 25, spinster, of spare habit and nervous temperament, on Thursday night, 13th inst., without any assignable cause, was seized with a sudden and violent pain in every part of the abdomen, extending to the loins and back, unpreceded and unaccompanied by any other complaint: was immediately bled, but without much relief; continuing in the same state, venesection was repeated the next morning with more effect; hot stupes were also applied. The entire of the 14th (yesterday) she remained in excruciating agony, applying the stupes, and obtained but little ease. She now lies on the back, with the legs drawn up towards the body, unable to turn to either side, or stir in the least in the bed, without an insupportable increase in her complaints; the pains she describes as of a lancinating nature, sometimes resembling the pricking of a number of pins, commencing at the epigastrium, shooting downwards to the pubes, and extending laterally into each hypochondriac and lumbar region.

Since the commencement of the attack, she has been deprived of sleep; much annoyed with constant thirst, and a nauseous, disagreeable taste in the mouth. Her countenance is now anxious and distressed; skin moist, and covered with slight perspiration; tongue, white and moist; pulse 128, small, and somewhat wiry; respiration 54; no morbid phenomenon can be detected in the chest; heart's action rapid, and sounds natural; the abdomen is tense, hard, and exquisitely painful, the slightest degree of pressure causing much uneasiness; bowels free; urine passed in regular quantities.

17th. The greater part of the night was in a profuse perspiration; the pains in the abdomen generally not so acute, they are, however, still aggravated by change of position: the mouth has become tender, and gums spongy; pulse 104, tolerably full, and easily compressed; respiration 40; tongue coated and moist.

18th. Since the poultices were applied, the pains have been so far lessened that she can extend her legs without their being increased; her countenance is not so distressed, and she appears more at ease; is at present in a profuse sweat; pressure on the abdomen still occasions uneasiness. In the right hypochondrium and epigastrium there is a considerable tumefaction, somewhat of a conical shape, affording, when pressed, a degree of elasticity and *dulness on percussion;* the pain produced in this part by pressure is very acute, whilst elsewhere it is comparatively slight.

19th. The only part of the abdomen pained by pressure is that where the tumefaction was observed yesterday; it extends from below the ensiform cartilage to within a couple of inches of the umbilicus, also laterally occupying a space between three and four inches; and to-day a sensation of fluctuation is communicated to the touch.

20th. A violent purging commenced yesterday, and continued the entire night; stools numerous, eight or ten, liquid, and of a dark colour, each being attended with griping and kneading; was much troubled with shiverings and pains in the back; her breathing is more distressed, and accelerated, 44 in the minute; pulse 132, small and hard; tongue moist. No change has taken place in the appearances of the abdomen.

24th. There has been no return of the purging since the 21st; the perspirations are diminished, and her general aspect is improved; she now complains principally of pains in the back, continued, and shooting upwards along the entire of the spinal column. When the tumour is now percussed, *it emits a tympanitic resonance;* the lower part of the left side also is very clear on percussion; *cannot now detect the fluctuation observable on the 19th;* the elasticity remains as before; pulse 116, soft and improved in strength; respiration 30.

26th. Was troubled with a hiccough the entire night; had but little sleep, and sweated profusely; is quite free from pain except in back and loins; has no appetite, but great desire for drinks; the tumour appears flatter, is free from tenderness, and still tympanitic when percussed; pulse 128, small and soft, respiration 32; breathing regular. Tube of stomach pump to be passed into œsophagus.

28th. No air escaped after the tube was introduced; no change has taken place either in the size or sound of the tumour; bowels freed three times since yesterday, and stools attended with griping.

29th. The tumour in epigastrium is consider-

able diminished in size, percussion elicits, as before, a tympanitic resonance, but does not extend, as on previous days, to the right hypochondrium; her countenance is improved, and spirits not so depressed; breathing continues too free, and pulse rapid.

Oct. 1st. Purging has returned, with griping pains in the abdomen, and numerous liquid stools; the tumour in abdomen is scarcely perceptible, and but a slight degree of clearness on percussion can be elicited; the upper part of the tongue is extremely painful; on the dorsum there are two or three sores, the largest about the size of a silver penny; the others resemble fissures, and are separated from each other by septa: pulse 116, soft and tolerably full; respiration 32.

2d. Purging remains unchecked; the tumour in abdomen has altogether disappeared; no tympanitic resonance is now afforded by percussion; the sides of the tongue this morning are covered with aphthæ; the sores on the dorsum remain the same.

3d. No effect has been produced on the purging, was upwards of six times to stool since yesterday; is much reduced in strength; countenance pale; pulse quick, 112; has great thirst; tongue dry, and not so sore.

6th. Heart's sounds natural. Percussion and respiration over both lungs as in the healthy state: abdomen sunken and free from pain.

7th. Bowels have been opened seven times within the last twelve hours. Pulse 120. Respiration 30.

9th. *Was attacked yesterday with acute pain in the cardiac region, and last night had a violent beating of the heart, also a burning heat below the left breast.* She cannot recollect any cause to which she might attribute this. Her present state is extreme emaciation and debility, cheeks hollow, eyes sunken, countenance dejected, and spirits languid; her breathing remains accelerated, short, and distressed; the jugular veins in the recumbent posture turgid, but without pulsation; likewise those along the trachea.

Percussion over chest generally is clear, except at the inferior and middle portions of the left side. Respiration in these parts is feeble, elsewhere pure and loud: impulse of heart perceptible, but feeble. About half an inch distant from the lower edge of the mamma both sounds are confused, and a slight bruit de soufflet is audible; advancing to the right it increases in roughness, and below the mamma it becomes a complete creaking noise, accompanying both sounds of the heart, and is still louder between the sternum and breast; when pressure is applied it gradually increases these phenomena, and when considerable pressure is used, they are changed into a loud frottement, obscuring both sounds, the first especially; they are also rendered more distinct by holding the breath.

Abdomen smaller; purging stopped; pulse 130, small and compressible.

10th. The phenomena are now audible as far at the middle of the sternum, over the cardiac region, and laterally, being in each place of the same character. The sound is between bruit de soufflet and bruit de scie, in a great measure masking the first sound and accompanying the second, which still retains its clearness. Immediately under the mamma, together with these sounds, but heard only occasionally, *is a peculiar metallic click*, affording the idea of some fluid dropping in or about the pericardium; it is removed when pressure is made over the heart, whilst the other noises undergo a thorough change; thirst urgent.

11th. Has not had a return of the pains in the left side; sweats every night as much as hitherto: had several shiverings last night, after each of which she fell into a copious perspiration. Pulse 136, feeble; respiration 40; bowels regular.

Impulse of heart is feebler; when the hand is placed over it a rubbing sensation is communicated.

The sound to-day has assumed the character of an emphysematous crackling, is very fine, and obscures both sounds of the heart; is more distinct along the middle and inferior parts of the sternum, and can also be heard to the left of the mamma. *The metallic click, or apparently the dropping of fluid, observed yesterday, is more audible and distinct, but irregular in frequency.*

12th. The irregular click, audible yesterday only at intervals, has now become *a loud metallic ticking, audible at each stroke of the heart* over those parts where the emphysematous crackling and other sounds were to be heard; it obscures all the phenomena hitherto noted, except a slight bruit de soufflet about the nipple of the left mamma. Impulse cannot be felt. Is sinking fast.

13th. Died last night at 10 o'clock.

Autopsy twelve hours after Death.—Percussion over the front of chest afforded no evident dulness; over the cardiac region it was clear. When the sternum was raised, both lungs were found collapsed; the left in particular, which was found compressed by a quart of sero-purulent fluid. Weak adhesions connected both lungs with the external pericardium; and their inferior lobes with the upper surface of the diaphragm. The pericardium appeared enlarged, and a small quantity of fluid could be felt.

The abdominal parietes being removed, the cavity of a large abcess was exposed, situated in the left lobe of the liver. Its form was circular, about eight inches in circumference, and bounded anteriorly by a portion of the parietes of the abdomen, and ensiform cartilage. Its posterior wall was formed by the remaining solid part of the left lobe; whilst the diaphragm superiorly was in immediate connexion with it, and the falciform ligament served as a means of separation between it and the right lobe: its thin edge was over-lapped by a portion of the stomach; and near the pyloric orifice was an ulcerated circular hole, with rounded and smooth edges, about three-quarters of an inch in diameter, communicating directly with the abscess. The stomach was intimately connected with the sub-surface of the left lobe by its concave margin; and near

to its cardiac extremity were two other openings, one somewhat oval in shape, about half an inch in diameter, and connected with the abscess by means of a canal capable of admitting the tip of the little finger, and separated from the other by a thick band, evidently a portion of the stomach. This last perforation, or the one nearest the œsophageal extremity of the stomach, had no communication with the abscess. The surface of the abscess is irregular, presenting many depressions and elevations; its colour of a yellowish grey, its substance creamy, soft, and reduced by pressure into a pus-like fluid; when cut into, it is at least three-quarters of an inch in depth, but does not retain the same thickness in every part; beneath, the structure of the liver is visible, and in firm connexion with it the stratum of diseased substance, neither can it be separated from it.

Where the diaphragm and pericardium are united, *is a perforation sufficiently large to admit the middle or ring finger, and opening directly from the abscess into the pericardium*; the edges are ulcerated and uneven; and within the covering of the heart are about two ounces of yellow-coloured fluid mixed with flakes of lymph. The pericardial sac is increased to four times its natural thickness, but appears equally dense in all parts; its external surface is highly vascular; its interior is likewise inflamed, dotted with numerous red spots, in some parts about the size of a pin's head, and in others forming an arborescent appearance; the surface has in a great measure lost its natural glistening appearance, and looks uneven, being coated in parts with small portions of organized lymph; and generally, particularly towards the origins of the great vessels, with small, granular, semi-transparent bodies resembling millet seeds, or the eruption sometimes seen in cases of rheumatic fever: its feel is quite gritty, but when these bodies are scraped off, the serous lining of the pericardia is apparent underneath.

The heart itself is of a light red colour, and its investing membrane is covered, like the pericardial sac, with those granular substances, more abundant about the auricles and base of the heart. Both auricles are bound down to the substance of the heart, by means of strong, tough, and organized pieces of lymph.

Some tubercles scattered through the superior lobe of each lung. No adhesions existed between the peritoneum and intestines, or between these latter.

I am indebted to my talented and indefatigable clinical clerk, Mr. Thomas Moore, for the preceding report of the progress of this singular case, concerning which the following remarks appear necessary:

1st. When the abscess burst into the stomach, the epigastric tumour which the abscess formed, did not at once subside, but suddenly, from having yielded a dull sound on percussion, became tympanitic and clear; air from the stomach having found its way into the cavity, while the pus escaped.

2dly. The now tympanitic tumour seemed so exactly to resemble the stomach distended with air, that we were induced to pass a tube into the stomach, but it did not give vent to any air.

3dly. In a few days the air also passed from the cavity of the sac, then all traces of the tumour entirely and unaccountably disappeared.

4thly. The diarrhœa was caused by the perpetual flow of fetid and irritating matter from the abscess into the intestinal cavity.

5thly. No peculiar symptom, pain, or derangement of its functions, denoted the extensive ulceration of the stomach.

I shall revert to this subject after the details of the two following cases of ulceration of the stomach have been laid before the reader.

6thly. The inflammation spread by continuity of structure, from the abscess to the pleura and pericardium *in the first instance.*

7thly. Soon after the pericarditis thus formed had commenced, and at the time that its usual physical phenomena were clearly perceived, a new set of physical phenomena arose, *dating from the moment the pericardium was perforated, and air entered its sac.*

8thly. Although most intense general peritonitis existed when the patient was admitted, yet no traces of general peritoneal inflammation were discovered on dissection.

9thly. It may be asked, why I had not recourse to an operation to let out the matter, as soon as fluctuation had become plainly perceptible in the hepatic tumour? My answer is, that the tumour formed so quickly, and seemed to tend to the surface so rapidly, that I thought it better to wait for a day or two in order to render the operation safer, never anticipating that the matter could, in so short a time, find an exit by another channel.—*Dub. Jour. of Med. Scien. for Jan.*

On the Use of Arsenic in some Affections of the Uterus. By Henry Hunt, Esq., of Dartmouth.—The first of these cases was that of a female of forty, who was much benefited by doses of from four to ten drops, three times a day, of the mineral solution, in a cancer of the uterus, which was in a state of ulceration, and was accompanied with much fœtid discharge, and great suffering.

Recollecting the inflammation of the pudenda, which occasionally attended the employment of this agent, the author thought it not unlikely that arsenic might have some favourable operation in other diseases of those parts, and he has accordingly employed it with advantage in cases of profuse and frequently occurring menstruation; in pain or tenderness of the uterus; and in neuralgia coming on regularly at the menstrual period, and supposed to be occasioned, therefore, by some irritation in the uterus. The arsenic is given in the form of pill, in doses of about one-twentieth of a grain, three times a day; and the author found, that in cases of great susceptibility to its action, the exhibition of the pill immediately after meals has been favourable.—*Edinburgh Medical and Surgical Journal.*